Division of Health Care Facilities

PRINTED: 08/23/2013 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
		ISERTICATION NOWBER:	A BUILDIN	G:	COMPLETED	
		TN3003	B. WING	·	08/15/2013	
NAME ()	F PROVIDER OR SUPPLIER	¢TDEE7 A	DODESC OFF	, STATE, ZIP CODE	1 00/10/20/10	
				, STATE, ZIP CODE		
LAUGH	ILIN HEALTH CARE CE	· N. I.F.K	SKEE ST WILLE, TN:	AT740		
774VID	SUBMIADV CT.		VILLE, IN			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE	
	This Rule is not met as evidenced by: An annual licensure survey and complaint investigation #32026 were completed on August 15, 2013, at Laughlin Health Care Center. No deficiencies were cited related to complaint investigation #32026 under Chapter 1200-8-6, Standards for Nursing Homes. N 411 1200-8-604(6) Administration (6) The facility shall maintain a surety bond on all resident funds held in trust. Such surety bonds shall be sufficient to cover the amount of such funds. The surety bond shall be an agreement between the company issuing the bond and the nursing home and shall remain in the possession of the nursing home. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a surety bond sufficient to cover the full amount of the resident funds in the Resident Trust Fund account. The findings included: Review of bank statements for the Resident Trust Fund account, dated July 1, 2012 through July 31, 2013, revealed the average balance on the account ranged from \$10,705.06 to \$15,990.07 and was over \$10,000.00 every month of the time period. Review of the Surety Bond statement dated February 11, 2013, revealed the bond as a Resident Trust Fund Bond with a \$10,000 Limit and a renewal date of February 1, 2013, was in			1200-8-6 N 001 Initial Comments Laughlin Healthcare Center acknowledges that this rule is not evidenced by an Annual Licensur and Complaint Investigation #320 completed on August 15, 2013, no deficiencies were cited related to complaint investigation #32026 ur Chapter 1200-8-6, Standards for I Howes. 1200-8-604(6) N 411 Administrat REQUIREMENT: (6) The Facility maintain a surety bond on all residen held in trust. Such surety bonds sha sufficient to cover the amount of sur The surety bond shall be an agreeme between the company issuing the bo the nursing home and shall remain in possession of the nursing home. POC: 1. On August 28, 2013, a rider was to the surety bond by Travelers Insurance to increase the bond I from \$10,000.00 to \$30,000.00	e Survey 126, ader Nursing tion y shall nt funds ll be th funds. and and a the	
				resident fund account. 2. All potential residents with fund resident fund account will be concerned by the increase of the bond limit. 3. When the resident fund account mears or exceeds the new bond I bond limit will be increased to a balance.	vered balance imit, the over the	
ision of U				The resident finid account balant be monitored by the Administrative Administrative Secretary each Continue to page 2 or continue to page 3 or contin	tor and h week,	
ORATORY	DIRECTOR'S OR PROVIDER	vsupplier representative's sign;	ATURE	TITLE	(XB) DATE	

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Division	of Health Care Faci	ities			OVOLDATE BUIDNEY	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		TN3003	B. WING		08/15/2013	
NAME OF F	ROVIDER OR SUPPLIER			TATE, ZIP CODE		
LAUGHL	IN HEALTH CARE CE	NTER 801 E MCI GREENEV	KEEST /ILLE, TN 37			
(X4) ID PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE	
N 411	Continued From pa	age 1	N 411	Continued from pag	elof3	
	effect through February 1, 2014. Interview with the Administrator on August 15, 2013, at 9:45 a.m., in the business office confirmed the Surety Bond was not sufficient to cover the full amount of the Resident Trust Fund Account.			to assure the resident fund according balance does not exceed the board if it does, the bond limit wincreased in a timely manner to the resident fund account balance.	nd limit, ili be o cover	
N 433	1200 - 8-604(24) A	Administration	N 433	1200-8-604(24) N 433 Administr	ration	
	(24)The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public. Authority: T.C.A. §§4-5-202, 4-5-204, 39-17-1803, 39-17-1804, 39-17-1805, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-225, 68-11-254, 68-11-256, 68-11-257, 68-11-268, 68-11-906, and 71-6-121.			REQUIREMENT: (24) The Faci develop a concise statement of its of care policies and shall post such state a place accessible to the public. Authority: T.C.A. £64-5-202, 4-5- 17-1803, 39-17-1804, 39-17-1805, 202, 68-11-204, 68-11-206, 68-11- 11-225, 68-11-254, 68-11-256, 68- 68-11-268, 68-11-906, and 71-6-19	charity atement in 204, 39-68-11-209, 68-11-1257,	
	Based on observation of the facility's charitative with the 2013, at the time facility had failed	ugust 15, 2013, at 9:15 a.m., in le facility revealed no posting of		 POC: No residents were found to be by this citation. No residents have the potential affected by this citation. Laughlin Healthcare Center he concise statement of its charm policies and this has been posplace accessible to the public 15, 2013. The Administrator will morn posting of the Laughlin Health Center Charity Care Policy is accessible to the public. 	al to be as a y care ted in a on August or that the heare	

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STATEME	n of Health Care Fac NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATÉ SURVEY COMPLETED		
		Thioppo					
TN3003 NAME OF PROVIDER OR SUPPLIER STREET A			ADDRESS, CITY, STATE, ZIP CODE			08/15/2013	
	IN HEALTH CARE CE	NTER 801 E M	CKEE ST				
(X4) ID		GREEN:	EVILLE, TN 37		PROFOTION		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		E COMPI ITE DAT	
N 433	Continued From pa	ge 2	N 433		······································		
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